

**REIMBURSEMENT OF APPROVED COUNTY AND**  
**MULTICOUNTY JUVENILE DETENTION AND**  
**SHELTER CARE HOMES**

REIMBURSEMENT OF APPROVED COUNTY AND MULTICOUNTY JUVENILE  
DETENTION AND SHELTER CARE HOMES

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REIMBURSEMENT OF APPROVED COUNTY AND MULTICOUNTY JUVENILE  
DETENTION AND SHELTER CARE HOMES

**PROGRAM DESCRIPTION**

This program consists of the Department of Human Services providing reimbursement to counties for up to fifty percent of the cost of establishing, improving, operating and maintaining juvenile detention and shelter care homes. This reimbursement can only occur during years in which the Legislature has appropriated funds for this purpose and for the amount appropriated.

**AUTHORIZATION**

Chapter 232.142(4) of The Code states that:

"Approved county and multicounty juvenile homes shall be entitled to receive financial aid from the state in the amount and in such manner as determined by the commissioner. Aid paid by the state shall not exceed fifty percent of the total cost of establishment, improvements, operation and maintenance of such a home."

**DEFINITIONS**

- A. Allowable Costs. Allowable costs means those expenses of the county or multicounties related to the establishment, improvements, operation and maintenance of county or multicounty juvenile detention and shelter care homes.
- B. County or multicounty. County or multicounty means that the governing body is a county board of supervisors or a combination of representatives from county boards of supervisors.
- C. Department. Department means the Iowa Department of Human Services.

**ELIGIBLE FACILITIES**

**Policy**

Juvenile detention and shelter care facilities shall be eligible for reimbursement under this program if they meet the following conditions:

- A. They are approved by the Department as juvenile detention or shelter care homes meeting standards of Iowa Code Chapter 232 and 498--Chapter 105 of the Iowa Administrative Code.
- B. They do not receive reimbursement from the Department under 498--137.11(3) of the Iowa Administrative Code.

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**ELIGIBLE FACILITIES** (Cont.)

**Policy** (Cont.)

- C. They submit a State claim order/claim voucher, Form IFAS-#A-1, by November 1 of the next fiscal year with proper documentation.

**Comment**

This reimbursement is intended for those facilities authorized by Iowa Code Chapter 232 which meet standards promulgated by the Department. If these facilities are already receiving reimbursement through the foster care payment system, they are ineligible for this reimbursement.

Pertinent legal reference is Iowa Administrative Code 498--167.3(232).

**REIMBURSEMENT RATE**

**Policy**

Eligible facilities shall be reimbursed at the rate established in the legislative appropriation language for the current fiscal year.

**Comment**

Iowa Code section 232.142(4) limits reimbursement to fifty percent or less of the facilities' allowable costs. The Iowa Legislature has established a reimbursement rate of one-half of one percent through appropriation and intent language for FY '84.

Pertinent legal reference is Iowa Administrative Code 498--167.4(232).

**SUBMISSION OF STATE CLAIM ORDER/CLAIM VOUCHER**

**Policy**

Eligible facilities shall submit a State Claim Order/Claim Voucher, Form IFAS-#A-1, for the legislatively authorized percentage of their allowable costs for the previous fiscal year by November 1 of the next fiscal year. Only facilities which submit this form by November 1 shall receive reimbursement.

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**SUBMISSION OF STATE CLAIM ORDER/CLAIM VOUCHER** (Cont.)

**Comment**

A facility must complete Form IFAS-#A-1 in order for the Department to know the amount of the reimbursement and be authorized to make the payment. Refer to page 1 of the appendix for instructions on completing this form.

Pertinent legal reference is Iowa Administrative Code 498--167.5(232)

**Procedures**

- A. The facility completes a Form IFAS-#A-1 for the legislatively authorized percent of their allowable costs per instructions on page 1 of the appendix.
- B. A written statement is signed and dated by the head of the county board of supervisors or multicounty board of supervisors or executive director of the facility. The statement shall indicate the total expenditures for the previous fiscal year which would qualify as "allowable costs".
- C. The completed Form IFAS-#A-1 and the signed statement shall be submitted to the Department of Human Services, Division of Management and Budget, Bureau of Finance, First Floor, Hoover State Office Building, Des Moines, Iowa 50319 by November 1 of the next fiscal year.
- D. The Bureau of Finance checks with the Bureau of Adult, Children and Family Services to ensure that the facility is eligible for reimbursement under this program.

**REIMBURSEMENT**

**Policy**

The Department shall provide reimbursement to eligible facilities which have complied with the policy and procedures of this program by December 1.

**Comment**

Pertinent legal reference is Iowa Administrative Code 498--167.6(232).